| T   |                                  |            |                          |                |
|---|----------------------------------|------------|--------------------------|----------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |                                  |            | Docket Number (Optional) |                |
| FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |                                  |            | 0702 - 052257            |                |
| Application Nu  | ımber 10/542,898                 |            | Filed 2/21/2006          |                |
| For "Dividing Device"   |                                  |            |                          |                |
| Art Unit 3748   |                                  |            | Examiner Theresa Trieu   |                |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |            |                          |                |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |            |                          |                |
|   |                                  | <u>Fee</u> | Small Entity Fee         |                |
| . 🗆   | One month (37 CFR 1.17(a)(1))    | \$120·     | \$60                     | \$             |
| Т   | Two months (37 CFR 1.17(a)(2))   | \$460      | \$230                    | \$             |
| ✓ 7   | Three months (37 CFR 1.17(a)(3)) | \$1050     | \$525                    | \$ <u>1050</u> |
| F   | Four months (37 CFR 1.17(a)(4))  | \$1640     | \$820                    | \$             |
| F   | Five months (37 CFR 1.17(a)(5))  | \$2230     | \$1115                   | \$             |
| Applicant claims small entity status. See 37 CFR 1.27.  |                                  |            |                          |                |
| A check in the amount of the fee is enclosed.   |                                  |            |                          |                |
| Payment by credit card.   |                                  |            |                          |                |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |            |                          |                |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-0650 .  |                                  |            |                          |                |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.                     |                                  |            |                          |                |
| I am the applicant/inventor.  |                                  |            |                          |                |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |                                  |            |                          |                |
| attorney or agent of record. Registration Number28,498  |                                  |            |                          |                |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34   |                                  |            |                          |                |
| 1   | whard he Chy                     | n          | July 2                   | 2, 2008        |
| Signature   |                                  |            | Date                     |                |
|   | Richard L. Byrne                 |            | 412-471-8815             |                |
| Typed or printed name   |                                  |            | Telephone Number         |                |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                  |            |                          |                |
| ✓ Total of  | 1 forms are su                   | bmitted.   |                          |                |